

Fill in this information to identify your case:

Debtor 1 Sherrie Lynn Moon
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 23-54588-pwb
 (If known)

Filed in U.S. Bankruptcy Court
 Atlanta, Georgia

JUN 26 2023

By: M. Regina Thomas, Clerk
Deputy Clerk

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

2.1

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____
 0 _____ 1590
 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.2

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ _____

Debtor 1 Sherrie Lynn Moon Case number (if known) 23-54588-pwb
First Name Middle Name Last Name

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">Number</div> <div style="width: 55%; border-bottom: 1px solid black;">Street</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">City</div> <div style="width: 10%; border-bottom: 1px solid black;">State</div> <div style="width: 45%; border-bottom: 1px solid black;">ZIP Code</div> </div> </div> <div style="width: 65%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Describe the property that secures the claim:</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> </div> </div>	\$	\$	\$
	As of the date you file, the claim is: Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Contingent</div> <div style="width: 50%;"><input type="checkbox"/> Unliquidated</div> <div style="width: 50%;"><input type="checkbox"/> Disputed</div> </div>			
	Who owes the debt? Check one. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> At least one of the debtors and another</div> </div>			
	Nature of lien. Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div style="width: 50%;"><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div style="width: 50%;"><input type="checkbox"/> Judgment lien from a lawsuit</div> <div style="width: 50%;"><input type="checkbox"/> Other (including a right to offset) _____</div> </div>			
	Date debt was incurred _____	Last 4 digits of account number _____		
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">Number</div> <div style="width: 55%; border-bottom: 1px solid black;">Street</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">City</div> <div style="width: 10%; border-bottom: 1px solid black;">State</div> <div style="width: 45%; border-bottom: 1px solid black;">ZIP Code</div> </div> </div> <div style="width: 65%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Describe the property that secures the claim:</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> </div> </div>	\$	\$	\$
	As of the date you file, the claim is: Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Contingent</div> <div style="width: 50%;"><input type="checkbox"/> Unliquidated</div> <div style="width: 50%;"><input type="checkbox"/> Disputed</div> </div>			
	Who owes the debt? Check one. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> At least one of the debtors and another</div> </div>			
	Nature of lien. Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div style="width: 50%;"><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div style="width: 50%;"><input type="checkbox"/> Judgment lien from a lawsuit</div> <div style="width: 50%;"><input type="checkbox"/> Other (including a right to offset) _____</div> </div>			
	Date debt was incurred _____	Last 4 digits of account number _____		
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Creditor's Name</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">Number</div> <div style="width: 55%; border-bottom: 1px solid black;">Street</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%; border-bottom: 1px solid black;">City</div> <div style="width: 10%; border-bottom: 1px solid black;">State</div> <div style="width: 45%; border-bottom: 1px solid black;">ZIP Code</div> </div> </div> <div style="width: 65%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Describe the property that secures the claim:</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> </div> </div>	\$	\$	\$
	As of the date you file, the claim is: Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Contingent</div> <div style="width: 50%;"><input type="checkbox"/> Unliquidated</div> <div style="width: 50%;"><input type="checkbox"/> Disputed</div> </div>			
	Who owes the debt? Check one. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div style="width: 50%;"><input type="checkbox"/> At least one of the debtors and another</div> </div>			
	Nature of lien. Check all that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div style="width: 50%;"><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div style="width: 50%;"><input type="checkbox"/> Judgment lien from a lawsuit</div> <div style="width: 50%;"><input type="checkbox"/> Other (including a right to offset) _____</div> </div>			
	Date debt was incurred _____	Last 4 digits of account number _____		

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

Debtor 1

Sherrie Lynn Moon
First Name Middle Name Last Name

Case number (if known) 23-54588-pwb

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<input type="checkbox"/>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>

Fill in this information to identify your case:

Debtor 1	<u>Sherrie</u>	<u>Lynn</u>	<u>Moon</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	<u>23-54588-pwb</u>		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Georgia Department of Revenue
Priority Creditor's Name
TAXPAYER SERVICES DIVISION
Number Street
P.O. BOX 105499
Atlanta GA 30348
City State ZIP Code

Last 4 digits of account number 6 9 6 8 \$ 810.29 \$ 0 \$ 0

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify For taxes that Someone filed in

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

2.2

Priority Creditor's Name
Number Street
City State ZIP Code

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

2.3	Cardiology Consultants of Atlanta Nonpriority Creditor's Name 2801 North Decatur Road Ste 395 Number Street Decatur GA 30033 City State ZIP Code	Last 4 digits of account number <u>3 0 3 5</u> When was the debt incurred? <u>10/19/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	Total claim \$ <u>650.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.4	Comcast Cable Communications Nonpriority Creditor's Name PO BOX 530098 Number Street Atlanta GA 30353 City State ZIP Code	Last 4 digits of account number <u>7 6 3 7</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Internet bill</u>	\$ <u>97.11</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.5	Resurgent Capital Services Nonpriority Creditor's Name PO BOX 10587 Number Street Greenville SC 29603 City State ZIP Code	Last 4 digits of account number <u>8 8 4 2</u> When was the debt incurred? <u>8/1/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$ <u>605</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

2.6

Dekalb Medical Center

Nonpriority Creditor's Name

PO BOX 102204

Number Street

Atlanta

GA

30368

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 0 4 1\$ 63When was the debt incurred? 9/3/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill

2.7

Eastside Medical Center

Nonpriority Creditor's Name

PO BOX 99587

Number Street

Louisville

KY

40269

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 8 8 4\$ 449.07When was the debt incurred? 08/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill

2.8

Eastside Medical Center

Nonpriority Creditor's Name

PO BOX 13695

Number Street

Philadelphia

PA

19101

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 5 1 3\$ 578When was the debt incurred? 3/8/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill

Debtor 1 Sherrie Lynn Moon
First Name Middle Name Last Name

Case number (if known) 23-54588-pwb

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

2.9 Emory Decatur Nonpriority Creditor's Name <u>2701 N. Decatur Road</u> Number Street <u>Decatur</u> <u>GA</u> <u>30033</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 4 7 8</u> When was the debt incurred? <u>4/23/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	Total claim \$ <u>2,362.70</u>
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2.10 Enterprise Holdings, Inc. Nonpriority Creditor's Name <u>600 Corporate Park Drive</u> Number Street <u>St Louis</u> <u>MO</u> <u>63105</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>X X X X</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>unable to get acct # and date incorrec</u>	\$ <u>~500</u>
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2.11 Genesis Genetics PTY LTD Nonpriority Creditor's Name <u>PO BOX 1078</u> Number Street <u>Brackenfell</u> <u>South Africa</u> <u>7561</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 5 4 6</u> When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	\$ <u>2,800</u>
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Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

2.12

Liberty Mutual Group

Nonpriority Creditor's Name

2530 Sever Road Suite 360

Number Street

Lawrenceville

GA

30043

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 0 7 0\$ 455.30When was the debt incurred? 1/21/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Auto insurance

2.13

Lithonia Animal Hospital

Nonpriority Creditor's Name

2015 Rock Chapel Rd

Number Street

Lithonia

GA

30058

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 9 7 1\$ 374.51

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Vet bill

2.14

Northside Radiology Associates

Nonpriority Creditor's Name

PO BOX 100015

Number Street

Kennesaw

GA

30156

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 3 5 4\$ 45When was the debt incurred? 4/27/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CCS

Name

725 Canton Street

Number Street

Norwood

City

MA

State

02062

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 7 0

Frost-Arnett Company

Name

PO BOX 198988

Number Street

Nashville

City

TN

State

37219

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 0 7 6

Capital Recovery Corporation

Name

PO BOX 1008

Number Street

Alpharetta

City

GA

State

300090

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 9 7 1

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

Sherrie

Lynn

Moon

Case number (if known) 23-54588-pwb

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

2.15

Portfolio Recovery Associates

Nonpriority Creditor's Name

120 Corporate Blvd Suite 100

Number Street

Norfolk

VA

23502

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 4 0When was the debt incurred? 1/1/2015

Total claim

\$ 923.81

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

2.16

Progressive Corporate Office

Nonpriority Creditor's Name

6300 Wilson Mills Road

Number Street

Mayfield village

OH

44143

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 7 8 6When was the debt incurred? 2014\$ 618.95

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Auto insurance

2.17

Radiology Associates of Dekalb PC

Nonpriority Creditor's Name

PO BOX 1306

Number Street

Indianapolis

IN

46206

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number R A D 1When was the debt incurred? 7/11/2016\$ 111

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bill

Debtor 1 _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

2.18

Scana Energy Regulated

Nonpriority Creditor's Name

3344 Peachtree Rd NE Suite 2150

Number Street City State ZIP Code
 Atlanta GA 30326

Last 4 digits of account number 7 5 9 8

\$ 366.17

When was the debt incurred? 7/1/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utility bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2.19

US Department of Education

Nonpriority Creditor's Name

61 Forsyth Street SW Suite 19T40

Number Street City State ZIP Code
 Atlanta GA 30303

Last 4 digits of account number 4 7 8

\$ 36,871

When was the debt incurred? 1986-2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

2.20

Water's Edge HOA, Inc.

Nonpriority Creditor's Name

7115 B Water's Edge Drive

Number Street City State ZIP Code
 Stone Mountain GA 30087

Last 4 digits of account number 9 4 9 6

\$ 8,622.69

When was the debt incurred? before 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Judgement lien on HOA dues

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1 First Name Middle Name Last Name Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Winter Capriola Zenner, LLC

Name

One Securities Centre

Number Street

3490 Piedmont Road NE Ste 800

Atlanta

City

GA

State

30305

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 2 8

Contract Callers Inc

Name

501 Greene Street

Number Street

3rd floor Suite 302

Augusta

City

GA

State

30901

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 5 9 8

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

Sherrie

Lynn

Moon

First Name

Middle Name

Last Name

Case number (if known) 23-54588-pwb

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☒ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

2.21

Scana Energy

Nonpriority Creditor's Name

PO Box 100157

Number Street

Columbia

SC

29202

City

State

ZIP Code

Last 4 digits of account number _____

Total claim

\$ 700

When was the debt incurred? 12/2019

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utility bill

2.22

Navy Federal Credit Union

Nonpriority Creditor's Name

PO BOX 3000

Number Street

Merrifield

VA

22119

City

State

ZIP Code

Last 4 digits of account number _____

\$ 445.89

When was the debt incurred? 1/2023

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Provisional credit reversal

2.23

Water's Edge HOA, Inc.

Nonpriority Creditor's Name

7115 B Water's Edge Drive

Number Street

Stone Mountain

GA30087

City

State

ZIP Code

Last 4 digits of account number _____

\$ 13,766.99

When was the debt incurred? 2017-1/3/2023

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Home Owner's Association Fees

Debtor 1

Sherrie

Lynn

Moon

Case number (if known) 23-54588-pwb

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

2.24

Dekalb County Utility Customer Operations

Nonpriority Creditor's Name

774 Jordan Lane, Suite 200

Number Street

Decatur

GA

30033

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☒ Debtor 2 only☒ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☒ YesLast 4 digits of account number 0 5 6 0\$ 7500When was the debt incurred? 3/7/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Utility bill

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Debtor 1

Sherrie
First NameLynn
Middle NameMoon
Last Name

Case number (if known) 23-54588-pwb

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Winter Capriola Zenner, LLC

Name

One Securities Centre

Number Street

3490 Piedmont Road NE Suite 800

Atlanta

GA

30305

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5 2 5 1

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

Sherrie
First NameLynn
Middle NameMoon
Last Name

Case number (if known) 23-54588-pwb

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0
	6b. Taxes and certain other debts you owe the government	6b. \$ 810.29
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0
	6e. Total. Add lines 6a through 6d.	6e. \$ 810.29

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 36,871
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 34,535.19
	6j. Total. Add lines 6f through 6i.	6j. \$ 71,406.19

Fill in this information to identify your case:

Debtor 1 Sherrie Lynn Moon
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 23-54588-pwb
(if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ <u>0</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ <u>63,509.66</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ <u>63,509.66</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ <u>0</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>810.29</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ <u>71,406.19</u>
Your total liabilities	\$ <u>72,216.48</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>1590</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>1497</u>

Debtor 1 Sherrie Lynn Moon
First Name Middle Name Last Name

Case number (if known) 23-54588-pwb

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☐ Yes

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1590

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>810.29</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0</u>
9d. Student loans. (Copy line 6f.)	\$ <u>36,871</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0</u>
9g. Total. Add lines 9a through 9f.	\$ <u>37,681.29</u>